

<i>SERFF Tracking Number:</i>	<i>HUMA-126690004</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>46080</i>
<i>Company Tracking Number:</i>	<i>AR-10-001</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>CC2003 et al, PPACA rider</i>		
<i>Project Name/Number:</i>	<i>PPACA rider/AR-10-001</i>		

Filing at a Glance

Company: Humana Insurance Company	SERFF Tr Num: HUMA-126690004	State: Arkansas
Product Name: CC2003 et al, PPACA rider	SERFF Status: Closed-Approved-	State Tr Num: 46080
TOI: H16G Group Health - Major Medical	Closed	
Sub-TOI: H16G.001A Any Size Group - PPO	Co Tr Num: AR-10-001	State Status: Approved-Closed
Filing Type: Form	Author: Wendy Jeffries	Reviewer(s): Rosalind Minor
	Date Submitted: 06/29/2010	Disposition Date: 07/08/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: PPACA rider	Status of Filing in Domicile:
Project Number: AR-10-001	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type:	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/08/2010	Explanation for Other Group Market Type:
	State Status Changed: 07/08/2010
Deemer Date:	Created By: Wendy Jeffries
Submitted By: Wendy Jeffries	Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms	
Filing Description:	
These forms are being filed to comply with the insurance reforms in the federal healthcare reform laws, HR 3590, the Patient Protection and Affordable Care Act (PPACA) (a/k/a Federal Health Care Reform) and HR 4872, the Health Care and Educational Reconciliation Act. Enclosed is the completed PPACA Uniform Compliance Summary acknowledging our compliance with the requirements.	

Form PGN-HCR GNGF 5/2010 includes those requirements applicable to non-grandfathered plans and form PGN-HCR GGF 5/2010 includes those requirements applicable to grandfathered plans as enacted in the Patient Protection and Affordable Care Act of 2010.

SERFF Tracking Number:	HUMA-126690004	State:	Arkansas
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TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001A Any Size Group - PPO
Product Name:	CC2003 et al, PPACA rider		
Project Name/Number:	PPACA rider/AR-10-001		

Company and Contact

Filing Contact Information

Wendy Jeffries, Regional Contract Analyst	wjeffries@humana.com
321 W. Main Street	502-580-1783 [Phone]
6th Floor, East Tower	
Louisville, KY 40202	

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	2 forms at \$50 per form equals \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$100.00	06/29/2010	37624310

SERFF Tracking Number: HUMA-126690004

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 46080

Company Tracking Number: AR-10-001

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: CC2003 et al, PPACA rider

Project Name/Number: PPACA rider/AR-10-001

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/08/2010	07/08/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Wendy Jeffries	07/02/2010	07/02/2010
Form	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Wendy Jeffries	07/02/2010	07/02/2010

<i>SERFF Tracking Number:</i>	<i>HUMA-126690004</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>46080</i>
<i>Company Tracking Number:</i>	<i>AR-10-001</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>CC2003 et al, PPACA rider</i>		
<i>Project Name/Number:</i>	<i>PPACA rider/AR-10-001</i>		

Disposition

Disposition Date: 07/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HUMA-126690004	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	46080
Company Tracking Number:	AR-10-001		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001A Any Size Group - PPO
Product Name:	CC2003 et al, PPACA rider		
Project Name/Number:	PPACA rider/AR-10-001		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form (revised)	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Approved-Closed	Yes
Form	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Approved-Closed	Yes
Form (revised)	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Approved-Closed	Yes
Form	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Approved-Closed	Yes

SERFF Tracking Number: HUMA-126690004 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 46080
 Company Tracking Number: AR-10-001
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: CC2003 et al, PPACA rider
 Project Name/Number: PPACA rider/AR-10-001

Amendment Letter

Submitted Date: 07/02/2010

Comments:

Please note that we made a slight change to our language on the two attached forms. Sorry for any inconvenience I have caused you.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
PGN-HCR GGF 5/2010	Certificate Amendment, PROTECTIO	PATIENT Insert Page, N AND Endorsemen AFFORDAB t or Rider LE CARE ACT RIDER	Initial					PGN HCR Rider Grp GF 5-2010 (a) revised.pdf
PGN-HCR GNGF 5/2010	Certificate Amendment, PROTECTIO	PATIENT Insert Page, N AND Endorsemen AFFORDAB t or Rider LE CARE ACT RIDER	Initial					PGN HCR Rider Grp non-GF 5- 2010 (a) revised.pdf

SERFF Tracking Number: HUMA-126690004 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 46080
 Company Tracking Number: AR-10-001
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: CC2003 et al, PPACA rider
 Project Name/Number: PPACA rider/AR-10-001

Form Schedule

Lead Form Number: PGN-HCR GGF 5/2010

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/08/2010	PGN-HCR GGF 5/2010	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Initial			PGN HCR Rider Grp GF 5-2010 (a) revised.pdf
Approved-Closed 07/08/2010	PGN-HCR GNGF 5/2010	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Initial			PGN HCR Rider Grp non-GF 5- 2010 (a) revised.pdf

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made part the benefit plan document to which it is attached.

All terms used in this rider have the same meaning given to them in the benefit plan document unless otherwise defined by the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), also known as federal health care reform, or by future federal regulations. Except as modified below, all conditions and limitations of the benefit plan document apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

The following is a summary of the federal health care reform requirements which will apply to your current plan as of your plan renewal date on or after 09/30/2010.

Lifetime maximum -

The lifetime maximum does not apply to essential health benefits.

Annual limits -

Annual dollar limits for essential health benefits are removed.

Rescission -

We will rescind coverage only due to fraud or an intentional misrepresentation of a material fact.

Dependent coverage -

If your health plan includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

- Married;
- A tax dependent;
- A student;
- Employed;
- Eligible for other coverage through employment; or
- Residing with or receives financial support from you.

**PATIENT PROTECTION AND AFFORDABLE CARE ACT
RIDER (continued)**

Pre-existing conditions -

The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

Humana Insurance Company

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made part of the benefit plan document to which it is attached.

All terms used in this rider have the same meaning given to them in the benefit plan document unless otherwise defined by the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), also known as federal health care reform, or by future federal regulations. Except as modified below, all conditions and limitations of the benefit plan document apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

The following is a summary of the federal health care reform requirements. If your plan is effective prior to 09/23/2010, these requirements will apply to your current plan as of your plan renewal date on or after 09/23/2010. If your plan is effective 09/23/2010 or after, these requirements are applicable to your current plan as of your plan's effective date.

Lifetime maximum -

The lifetime maximum does not apply to essential health benefits.

Annual limits -

Annual dollar limits for essential health benefits are removed.

Rescission -

We will rescind coverage only due to fraud or an intentional misrepresentation of a material fact.

Dependent coverage -

If your health plan includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

- Married;
- A tax dependent;
- A student;
- Employed;
- Eligible for other coverage through employment; or
- Residing with or receives financial support from you.

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

Pre-existing conditions -

The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

Preventive care -

Preventive care is covered without cost sharing for services to detect or prevent sickness that have an A or B rating in the current recommendations of the U.S. Preventive Services Task Force (USPSTF). The current recommendations by the USPSTF for breast cancer screening, mammography and prevention shall be considered the most current except for the recommendations made in or around November 2009. The U.S. Department of Health and Human Services will specify the recommendations for preventive services that apply for your plan year.

Internal appeals and external review -

You have the right to an internal appeal and the right to request an external review of an adverse claim determination. If you have questions, you can call the Customer Care number on the back of your Humana ID card. We are available to help you Monday through Friday, 8 a.m. to 6 p.m.

Primary care physicians -

If your health plan requires you to select a primary care physician, a participating physician specializing in pediatrics is permitted to be selected as the primary care physician for a covered dependent child.

Gynecological and obstetrical services -

If a primary care physician referral is required by your health plan, a female covered person is permitted to receive services for obstetrical or gynecological care from a participating health care professional specializing in obstetrics or gynecology without a referral from her primary care physician. Services received from, or ordered by a participating health care professional for obstetrical or gynecological services, are considered authorization from the primary care physician.

Emergency care -

Coverage will be provided for an emergency medical condition in a hospital's emergency department:

- Without prior authorization;
- With the same restrictions on coverage for non-network providers as those applied for network providers;
- With the same cost-sharing requirements for non-network providers as those applied to network providers. In addition to the cost sharing requirements, you may be responsible for the difference

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

between the allowed amount under your plan and what is billed by a non-network provider, as permitted by the Affordable Care Act;

- Without regard to any other terms or conditions of the policy other than exclusion; coordination of benefits, affiliation or waiting periods, or cost-sharing requirements.

Humana Insurance Company

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

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Project Name/Number:	PPACA rider/AR-10-001		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/08/2010
Comments: See attached		
Attachments: AR-10-001 Certificate of Compliance-Bulletin 9-85.pdf AR-10-001 Certification of Compliance-Rule & Regulation 19.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	07/08/2010
Bypass Reason: Not submitting new policy		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	07/08/2010
Comments: see attached		
Attachment: CC2003 HIC PPACA UniformCompliance Summary.pdf		

TO: Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: GROUP HEALTH INSURANCE FORMS FILING
HUMANA INSURANCE COMPANY
POLICY SERIES: CC2003
NAIC#: 73288
FEIN#: 39-1263473
INTERNAL FILING NUMBER: AR-10-001

CERTIFICATION OF COMPLIANCE

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify to the best of my knowledge and belief that they are in compliance with Bulletin 9-85 of the state of Arkansas.



(Signature)

J. Gregory Catron
Vice President and Assistant General Counsel
Humana Insurance Company

06/30/2010

(Date)

Individual responsible for this filing:

Wendy Jeffries
Contract Analyst
Product Compliance

TO: State of Arkansas
Office of the Commissioner of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

FORM: See Form Schedule tab for a list of forms.

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, J. Gregory Catron, an officer of Humana Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



J. Gregory Catron
Vice President and Assistant General Counsel
Humana Insurance Company

June 30, 2010
Date

Individual responsible for this filing:

Wendy Jeffries
Contract Analyst
Product Compliance

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
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	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

<i>SERFF Tracking Number:</i>	<i>HUMA-126690004</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>46080</i>
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<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>CC2003 et al, PPACA rider</i>		
<i>Project Name/Number:</i>	<i>PPACA rider/AR-10-001</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/28/2010	Form	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	07/02/2010	PGN HCR Rider Grp GF 5- 2010 (a).pdf (Superceded)
06/28/2010	Form	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	07/02/2010	PGN HCR Rider Grp non-GF 5-2010 (a).pdf (Superceded)

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made part the benefit plan document to which it is attached.

All terms used in this rider have the same meaning given to them in the benefit plan document unless otherwise defined by the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), also known as federal health care reform, or by future federal regulations. Except as modified below, all conditions and limitations of the benefit plan document apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

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Lifetime maximum -

The lifetime maximum does not apply to essential health benefits.

Annual limits -

Annual dollar limits for essential health benefits will only be restricted as allowed by the Affordable Care Act.

Rescission -

We will rescind coverage only due to fraud or an intentional misrepresentation of a material fact.

Dependent coverage -

If your health plan includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

- Married;
- A tax dependent;
- A student;
- Employed;
- Eligible for other coverage through employment; or
- Residing with or receives financial support from you.

**PATIENT PROTECTION AND AFFORDABLE CARE ACT
RIDER (continued)**

Pre-existing conditions -

The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

Humana Insurance Company

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made part of the benefit plan document to which it is attached.

All terms used in this rider have the same meaning given to them in the benefit plan document unless otherwise defined by the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), also known as federal health care reform, or by future federal regulations. Except as modified below, all conditions and limitations of the benefit plan document apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

The following is a summary of the federal health care reform requirements. If your plan is effective prior to 09/23/2010, these requirements will apply to your current plan as of your plan renewal date on or after 09/23/2010. If your plan is effective 09/23/2010 or after, these requirements are applicable to your current plan as of your plan's effective date.

Lifetime maximum -

The lifetime maximum does not apply to essential health benefits.

Annual limits -

Annual dollar limits for essential health benefits will only be restricted as allowed by the Affordable Care Act.

Rescission -

We will rescind coverage only due to fraud or an intentional misrepresentation of a material fact.

Dependent coverage -

If your health plan includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

- Married;
- A tax dependent;
- A student;
- Employed;
- Eligible for other coverage through employment; or
- Residing with or receives financial support from you.

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

Pre-existing conditions -

The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

Preventive care -

Preventive care is covered without cost sharing for services to detect or prevent sickness that have an A or B rating in the current recommendations of the U.S. Preventive Services Task Force (USPSTF). The current recommendations by the USPSTF for breast cancer screening, mammography and prevention shall be considered the most current except for the recommendations made in or around November 2009. The U.S. Department of Health and Human Services will specify the recommendations for preventive services that apply for your plan year.

Internal appeals and external review -

You have the right to an internal appeal and the right to request an external review of an adverse claim determination. If you have questions, you can call the Customer Care number on the back of your Humana ID card. We are available to help you Monday through Friday, 8 a.m. to 6 p.m.

Primary care physicians -

If your health plan requires you to select a primary care physician, a participating physician specializing in pediatrics is permitted to be selected as the primary care physician for a covered dependent child.

Gynecological and obstetrical services -

If a primary care physician referral is required by your health plan, a female covered person is permitted to receive services for obstetrical or gynecological care from a participating health care professional specializing in obstetrics or gynecology without a referral from her primary care physician. Services received from, or ordered by a participating health care professional for obstetrical or gynecological services, are considered authorization from the primary care physician.

Emergency care -

Coverage will be provided for an emergency medical condition in a hospital's emergency department:

- Without prior authorization;
- With the same restrictions on coverage for non-network providers as those applied for network providers;
- With the same cost-sharing requirements for non-network providers as those applied to network providers. In addition to the cost sharing requirements, you may be responsible for the difference

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

between the allowed amount under your plan and what is billed by a non-network provider, as permitted by the Affordable Care Act;

- Without regard to any other terms or conditions of the policy other than exclusion; coordination of benefits, affiliation or waiting periods, or cost-sharing requirements.

Humana Insurance Company

[Signature of Officer]

[Typed Name of Officer]

[Title of Officer]